

## Medicaid LTSS Program Comparison Chart

	HCBS AIDS/HIV Waiver	HCBS Brain Injury Waiver	HCBS Children's Mental Health Waiver	HCBS Elderly Waiver	HCBS Health & Disability Waiver	HCBS Intellectual Disability Waiver	HCBS Physical Disability Waiver	State Plan HCBS Habilitation	State Plan Community-based Neurobehavioral Rehabilitation Service ( CNRS)
Age	No age limit	Age 1 month or older	Under age 18	Age 65 or older	Under age 65	No age limit	Age 18 through 64	Age 16 or older	Age 18 or older
Target Population	Diagnosis of AIDS/HIV	Brain injury diagnosis as set forth in rule 441—83.81(249A	Diagnosis of serious emotional disturbance	Age 65 or over	<ul><li>Blind or disabled</li><li>SSI-related coverage groups</li></ul>	Primary disability of intellectual disability determined by a psychologist or psychiatrist	Physical disability as determined by Disability Determination Services	Income at or below 150% FPL; individuals diagnosed with chronic mental illness	Brain injury diagnosis as set forth in rule 441—83.81(249A) and post-injury risk factors as identified in rule 78.56(2)
Level of Care (LOC) Required*	NF or Hospital	NF, SNF, or ICF/ID	Hospital	NF or SNF	NF , SNF, or ICF/ID	ICF/ID	NF or SNF	Meet needs-based eligibility criteria as determined by a Needs- Based Evaluation – interRAI-MH Core Standardized Assessment  Meets 1 of 2 risk factors and meets at least 2 of 5 criteria showing a need for assistance for at leas two years  Be determined by the lowa Medicaid Enterprise Medical Services to be able to live in a home or community based setting where all medically necessary service needs can be met Habilitation	identified in 441 IAC 78.56, and  Member has demonstrated need for assistance. The member exhibits neurobehavioral symptoms in such frequency, severity or intensity that community-based neurobehavioral rehabilitation is required
Care Coordinator	<ul><li>Case Manager or</li><li>Community Based Case Manager</li></ul>	<ul><li>Case Manager or</li><li>Community Based Case Manager</li></ul>	<ul><li>Case Manager or</li><li>Integrated Health Home Care Coordinator or</li></ul>	<ul><li>Case Manager or</li><li>Community Based Case Manager</li></ul>	<ul><li>Case Manager or</li><li>Community Based Case Manager</li></ul>	<ul><li>Case Manager or</li><li>Community Based Case Manager</li></ul>	<ul><li>Case Manager or</li><li>Community Based Case Manager</li></ul>	<ul><li>Case Manager or</li><li>Integrated Health Home Care Coordinator or</li></ul>	Not Applicable *MCO may choose to assign a Community Based Case Manager

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			<ul><li>Community Based Case Manager</li></ul>					<ul><li>Community Based Case Manager</li></ul>			
Maximum Dollars Available Per Month (As determined by Level of Care)	<b>•</b> \$1876.80	<ul> <li>Amount based on services upper limits</li> </ul>	<ul><li>\$2,006.34</li><li>excluding cost of Environmental Modification</li></ul>	<ul><li>NF \$1,365.78</li><li>SNF \$2,792.65</li><li>excluding cost of Case Management &amp; HVM</li></ul>	<ul> <li>NF \$959.50</li> <li>SNF \$2,792.65</li> <li>ICF/ID \$3,742.93</li> <li>excluding cost of HVM</li> </ul>	<ul> <li>Amount based on services upper limits</li> </ul>	<ul><li>\$705.84</li><li>excluding cost of HVM</li></ul>	Not Applicable – State Plan	Not Applicable – State Plan  State Plan		
HCBS Regional Specialists (HCBS Waiver and State Plan HCBS Habilitation)	Visit <u>www.dhs.iowa.go</u> v	v/ime/members/medicaid-a	a-to-z/hcbs/hcbs-contacts	for a listing of HCBS Re	gional Specialist assignm	nents.					
Where to apply?	HCBS Habilitation: To Services Unit or the ma	HCBS Waiver: Local DHS income maintenance office or online at: <a href="https://dhsservices.iowa.gov/apspssp/ssp.portal">https://dhsservices.iowa.gov/apspssp/ssp.portal</a> HCBS Habilitation: To apply for Habilitation, the member must first be Medicaid eligible. Application for Habilitation is made by the IHH Care Coordinator or CBCM submitting a request for Habilitation to the IME Medical Services Unit or the managed care organization submitting a completed assessment and social history to the IME Medical Services Unit.  CNRS: To request CNRS, the CNRS provider should seek prior authorization through the member's assigned MCO or through IME Medical Services for Fee For Service (FFS) members.									
Determination of financial eligibility	Habilitation: Member	HCBS Waiver, HCBS Habilitation and CNRS: DHS income maintenance worker. Review of Medicaid eligibility is completed every 12 months.  Habilitation: Member's that are eligible for Medicaid state plan benefit coverage and have income at or below 150% of the Federal Poverty Level are financially eligible for Habilitation.									
Determination of level of care (LOC)	HCBS Waiver and HC when there is a signific CNRS: Level of care is Medicaid Enterprise (IN	CNRS: Member's that are eligible for Medicaid state plan benefit coverage are financially eligible for CNRS  HCBS Waiver and HCBS Habilitation: lowa Medicaid Enterprise (IME) Medical Services or Managed Care Organization (MCO). Core Standardized Assessment and LOC Completed at least once every 12 months or when there is a significant change in the member's situation or condition.  CNRS: Level of care is not applicable. Each member will have had a department-approved, standardized comprehensive functional neurobehavioral assessment completed within the 90 days prior to admission. lowa Medicaid Enterprise (IME) Medical Services or Managed Care Organization (MCO) may approve the initial and subsequent neurobehavioral rehabilitation treatment plans which conform to the conditions of medical necessity pursuant to subrule 78.56(4) and to the conditions pursuant to subrule 78.56(3).									
Development of service plan	eligibility determination  CNRS: The community the Iowa Medicaid enter	approval and annually the y-based neurobehaviorale prprise (IME) medical serv	nereafter. Service plan r services provider shall s vices unit or member's N	nust be completed, and s submit the proposed plan ICO for approval before p	ervices authorized, prior of care, the results of the providing the services. Wi	to service provision.  e member's formal assessithin 30 days of admissio	sment, and medical docu n, the provider shall subr	plan completed after waive imentation supporting a br mit the member's treatmen essity requirements in sub	ain injury diagnosis to at plan to the IME		

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	treatment plan is consistent with the written diagnosis and treatment recommendations made by a licensed medical professional that is a licensed neuropsychologist or neurologist, M.D., or D.O.; 3. The treatment plan is sufficient in amount, duration, and scope to reasonably achieve its purpose; 4. The provider can demonstrate that the provider possesses the skills and resources necessary to implement the plan; and 5. The treatment plan does not exceed 180 days in duration. (2) A treatment summary detailing the member's response to treatment during the previous approval period must be submitted when approval for subsequent plans is requested.									
Provider Enrollment	provision.  CNRS Providers must		d Enterprise (IME) and Mo		E) and MCOs to be providers. Providers must be		•			
Initial Date of Eligibility	before approval of elig	libility for the waiver, or pr	ior to service plan author	ization, cannot be paid.	completed: financial (inco				aiver services provided	
For More Info			<u> </u>		d meest the CNRS eligibilg Facility), ICF/ID (Intermediate G	3	y Disabled)			

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Adult Day Care	x	x		x	х	x			NA
Assistive Devices				x					NA
Assisted Living				x					NA
Behavioral Programming		х							NA
Case Management Services		х		х				х	NA
Chore				x					NA
Community Based Neurobehavioral Rehabilitation Services (CNRS)									х
Consumer Choices Option (CCO)	x	x		x	x	x	x		NA
Consumer Directed Attendant Care (CDAC)	x	x		x	x	х	x		NA
Counseling	x				x				NA
Day Habilitation						x		x	NA
Emergency Response		х		x	x	x	x		NA
Environmental Modifications and Adaptive Devices			x						NA
Family and Community Support			х						NA
Family Counseling & Training		х							NA
Home Based Habilitation								x	
Home Delivered Meals	x			x	x				NA
Home Health Aide	x			x	x	x			NA
Homemaker	x			x	x				NA

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Home/Vehicle Modifications		х		x	x	x	x		NA
In-home Family Therapy			Х						NA
Interim Medical Monitoring & Treatment (IMMT)		x			х	x			NA
Mental Health Outreach				x					NA
Nursing	x			х	х	x			NA
Nutritional Counseling				х	x				NA
Prevocational Services *includes Career Exploration		x				x		x	NA
Respite: Individualized, group, specialized	x	x	х	x	x	x			NA
Senior Companion				x					NA
Supported Community Living (SCL)		x				х			
Specialized Medical Equipment		x					x		
Supported Community Living: Residential-Based (RBSCL) for children						х			
Supported Employment (SE)		х				х		х	
Transportation		х		х		X	X		